**Referral pathway for Haematuria**

**Microscopic Haematuria**

**(2+ or 3+ blood on 2 consecutive dip & no evidence of UTI)**

**NOTE: The combined presence of both blood and protein in the urine may suggest a glomerulonephritis.**

**Such patients should have urgent bloods sent and be discussed with the renal on call if concurrent AKI found.**

**If renal function is normal or stable CKD urgent OP referral to nephrology**

**If NO proteinuria and >50 years old**

**Consider 2ww haematuria pathway**

**If concurrent proteinuria referral to nephrology**

**Malignancy Excluded**

**AND**

**Declining CKD OR Positive family history**

**Referral to Nephrology for routine OP**

**Malignancy Excluded**

**AND**

**Normal renal function or stable CKD without proteinuria**

**Monitor yearly with referral to nephrology if declining function or proteinuria develops**

**1) Dip urine for concurrent Proteinuria (see NOTE)**

**2) Send urine for PCR if protein present**

**3) Request Renal USS**

**4) Check BP**

**5) Send bloods for U&E, LFT, Bone (inc blood albumin) and FBC**

**6) Check family history**